

DCFS Weekly Update From the State Office

Friday, February 23, 2001

Legislative Update

By Linda Wininger

We have three intense days at the Legislature left. Before I give you a rundown on each of the bills we have been following I want to explain another process that came into play on Friday. Sifting. Sifting is used to prioritize the bills that remain on the floor calendar. It is used often, as the Legislature runs out of time, to make sure that the bills that are the most important to the party that is in control (the Republicans in Utah) are heard and acted upon. We saw the first sifting of this session in the Senate on Friday. Here is what happens. The chairman of the Rules Committee makes a motion to "wipe the second reading calendar clean of all House bills [there are other variations as well] and send those bills back to the Rules Committee for prioritizing." The Rules Committee then decides the new order of the bills; in this case the House bills, on the second reading calendar. Some bills may not be released by the Rules Committee, which means they will not show up on the second reading calendar at all.

Another procedure that I need to explain is the Time Certain calendar. Time Certain means that a bill will be presented to the body (House or Senate) on a specific day at a specific time which is set when the motion is made. We have two important bills that are on the Time Certain calendar for Monday, February 26.

So, with that said, here is the latest...

1SHB 12, Provision for Legal Relinquishment of a Newborn—This bill was passed out of the Senate Judiciary Committee with a favorable recommendation on Monday, February 19. It was read for the second time in the Senate and circled when Sen. Hillyard had some questions. It was one of the bills involved in the sifting on Friday and was, through that process, brought back uncircled and about six down on the second reading calendar.

HB 31, Child Welfare Oversight Panel Amendments—This bill was signed by the Governor on February 21, 2001 and is now law. It will become effective on April 1, 2001.

HB 33, Clarification of Time Limits for Reunification Services—This bill was signed by Governor Leavitt on February 8, 2001 and will also become effective on April 1, 2001.

HB 64, Tuition Waivers for Wards of the State—This bill is still tabled on the Senate third reading calendar.

5SHB 83, Child Welfare Amendments—This bill now has a fifth substitute. Much negotiation has gone on in the past week. The bill that we now have is basically the original HB 83 with the provisions for changes in sibling at risk, the SAFE database removing unsubstantiated cases with no other referrals after five years rather than 10, and the requirement that the court order visitation at the shelter hearing unless it is not in the best interest of the child. The liability of DCFS workers issue will be studied

during the interim session (the time when the Legislature is not in session) by the Child Welfare Oversight Panel with a report to the Legislature in November of 2001.

This bill is on the Time Certain calendar for Monday, February 26 at 10:00 a.m.

HB 117, Amending the Grounds for Taking a Child into Protective Custody—This bill was passed out favorably by the Senate Judiciary Committee on Tuesday, February 20. When it was read and debated on the second reading calendar, Senator Terry Spencer (R-Davis) amended the bill to bring back a phrase taken out by the sponsor, Rep. Tom Hatch (R-Panguich) at our request. The change would make it necessary for a worker to get a warrant to remove a child unless there is reasonable grounds to believe that there is substantial danger to the child's physical health or safety. We are working on a compromise.

The bill is circled on the Senate third reading calendar.

HB 148, Child Welfare–Alternative Dispute Resolution—In the enrollment process, which means it is being prepared in its final form for the Governor to sign.

2SHB 170, Prescribing Psychiatric Drugs or Medication—This is one of the bills involved in the Senate sifting process yesterday. It did not come back up on the calendar. It may still be brought out of rules.

HB 188, Juvenile Courts–Rights of Parties—Held in the Senate Judiciary Committee. This bill will not likely progress any further.

HB 219, Task Force on Family Conflict Resolution—Tabled on the Senate third reading calendar.

HB 224, Notice and Reasonable Efforts for Children in Custody on Grounds Other than Abuse or Neglect—This bill was sent to the Governor on February 21 for his signature.

HB 225, Foster Parent Child Protective Service Investigation Amendments—This bill remains circled on the House third reading calendar. It will not progress any further.

HB 232, Certified Child Welfare Social Service Worker Amendments—This bill is being enrolled.

HB 239, Support for Children in State Custody—This bill is in the enrolling process.

HB 253, Juvenile Expungement—Held by the sponsor.

HB 257, Mandatory Child Protective Services Requirements—Enrolling.

HB 269, Amendments to Concurrent Jurisdiction in Adoption Cases—Sifted and on the Senate second reading calendar.

HB 309, Educational Neglect and Truancy Amendments–House Rules Committee. Nothing more will happen on this bill.

1SHB 387, Narrowing the Grounds for Removal of a Child from the Home–This bill is on the Senate third reading calendar set for Time Certain Monday, February 26 at 10:45 a.m. It was amended on the floor to allow a case to have a finding of unsubstantiated as well as without merit when it is determined that the suspected abuse was actually “reasonable discipline.”

SB 33, Mental Health Services for Foster and Adopted Children Task Force–This bill is in the House Rules Committee for fiscal impact. It will probably not be funded.

1SSB 64, Adoption Law Amendments–Enrolling.

1SSB 71, Tax Credits for Special Needs Adoptions–Enrolling.

1SSB 97, Special Needs Adoption Services–Enrolling.

1SB 111, Conflict of Interest Investigations Into Allegation of Child Abuse or Neglect–Enrolled, and waiting for the Governor’s signature.

SB 117, Guardian ad Litem Amendments–Enrolling.

SB 119, Child Welfare Records Amendments–Enrolling.

SB 153, Kinship Placement for Foster Children–This bill carried a fiscal note over \$10,000 and was not funded. The last few days have been spent trying to get those fiscal notes removed so that the bill can be passed into law.

SB 165, Noncustodial Visitation–Enrolling.

SB 222, Notification by Family Services of Noncustodial Parent of Child’s Removal–This bill is on the Senate second reading calendar.

That’s it! Next week I’ll give you a wrap up and hopefully a report on how each of the bills that passed will affect our practice, but I’m not making any promises.

A Bit of Information on the Administrative Hearing Form

By Scott Goodell

The "Request for an Administrative Hearing" form has been revised and updated and is now available in SAFE. The form is located on the Document Index tab, in the General Folder. The "Request for an Administrative Hearing" form in SAFE is the **only** approved Hearing form and is the only one that should be used. This form replaces the CPS34, the OH100a, and the AD24B forms. Please discontinue using all other Administrative Hearing forms.

DCFS Outcome Measures

By Navina Forsythe

Utah Code 62A-4a-117 mandates that the Division submit annually to the Legislature “a written report describing the difference between actual performance and performance goals.” Utah’s performance goals are outlined in the Performance Milestone Plan and measured in the Annual Outcome Measures Report. Specifically, the report targets different measurements in the areas of safety, permanency, and well-being.

The report includes fact sheets of descriptive information on several program areas such as CPS, foster care, in-home, domestic violence, adoption, and independent living. It also includes statistics on recidivism rates for CPS and foster care cases. Home-based child clients who are later placed in foster care, and home-based child clients who are substantiated victims of abuse after closure of the in-home case are also reported. Additional measures are average length of stay in foster care, average number of placement changes, and length of time to achieve permanency. The entire text of the Outcome Measures Report is available on the DCFS web site at <http://www.hsdcs.state.ut.us/>. Just click on the link to Outcome Measures 2000. If you have feedback or suggestions on the outcome measures report, please e-mail them to me.

The measures in our outcome measures report are similar to measures the Children’s Bureau of the federal government uses to assess states’ performance. Some of these measures will be part of the Child and Family Services Reviews that the Children’s Bureau is conducting to evaluate states’ performance in child welfare. Funding for child welfare agencies will be connected to these evaluations. More information on these reviews and the federal outcome data will be provided in the future.

The data for these measures are pulled from SAFE. When pulling the data for this report, several errors in data entry in SAFE were found. We will be providing information on data quality issues in future issues of these weekly updates.

Practice Model Questions and Answers

By Midge Delavan

Answers to last week’s questions:

1. Needs that families have might be categorized as emotional, social, physical, and intellectual, as they are in CORE. An addictive behavior might indicate both emotional and physical needs. Addiction or substance abuse could be an indicator of emotional need based on unresolved childhood abuse or grief, for example. Perhaps this need could be described as the need for relief from pain. The abused substance has created a physical need that may be addressed physically and emotionally. A social need in a substance-abusing client might be for structure and support from non-abusing friends or family. There may be a need for better information--an intellectual need.

A parent who lacks skill in parenting may have an intellectual need--for more information or for more far reaching assistance in the case of intellectual challenge. The need could be social, a lack of modeling of good parenting behavior. Perhaps

the need is physical and based on lack of time or an overwhelming demand. There may be an emotional need that keeps the parent from assuming a parental role.

Understanding the need of the parent, the child, and the family helps direct the team in responding effectively for assessment, planning, and interventions.

Identifying the need goes beyond naming the behavior to an empathetic understanding of what may not be clear to the client.

2. Services or interventions are the partners of needs. The substance-abusing client may need structure and support to assist emotionally and physically with an addiction. The service or intervention may be a residential rehab program offering the most extensive available form of structure and support. A less intensive service would be a weekly therapeutic session and a daily NA meeting.

A peer parenting service may work for a client who needs a model and mentor as well as information on parenting. A parent who can use information self-sufficiently may benefit from a class.

Assessing needs helps in planning for interventions.

Practice Model "Advanced Placement" Questions

Some interesting questions have been raised about the Practice Model and how it fits with the ongoing mission of DCFS. In this week's questions, these ideas are passed on for thoughtful consideration.

1. What stays the same and what changes? As the Practice Model becomes a daily reality, what elements of current practice will not change? Does the DCFS mission remain constant? What is in the Practice Model that is already a part of practice? What is added? Changed? Left behind? [Hint: Try separating "how" from "what".]
2. How do you do solution-focused work with families when your job is problem-centered?

To Make Your Life Easier...Using SAFE Optimally

By Robert Lewis

Child Removal and SAFE Entries

Some recent audits of DCFS records show some problems and confusion about how health and related information should be collected, recorded, and distributed when children are removed and placed. Some things to remember which might help:

1. For collecting health, psychosocial, and education information at the time of child removal, the OH04 Form is obsolete. It has been replaced by the CPS23 (Removal Worksheet).
2. CPS23 has not been designed in SAFE for data entry. It is a blank worksheet only. Data entry from the CPS23 is made on the SAFE Person Window.
3. There are SAFE printed report counterparts to all of the information collected on the CPS23. These are:
 - a. The Health Data Report, including Psychosocial Information; and

b. The Education Information Report.

To make the relation of the CPS23 to SAFE more clear, each section of the CPS23 is listed in the table below, along with the place in SAFE where data from that section may be entered, and the specific SAFE reports that print out the information from the various sections.

Removal Worksheet (CPS23) Sections	SAFE Update Window	SAFE Printed Report Access and Name
Health conditions information	Person Health Details, HC Professionals and Conditions Tabs	1) Case or Case List, Print Travel Packet, Health Information Report, Health Information Report, Health Data Report, or 2) Person Health Details, Print Health Data Report
Current Allergies/Medications Information	Person Health Details, Allergy/Meds Tab	
Immunizations Information	Person Health Details, Immunizations Tab	
Health History Information	Person Health Details, History Tab	
Psychosocial Information	Person Window, Psychosocial Tab	1) Case or Case List, Print Travel Packet, Health Information Report, Psychosocial, or 2) Person Health Details, Print Health Data Report, Psychosocial Data
Education Information	Person Window, Education Tab	1) Case or Case List, Print Travel Packet, Education Information Report, or 2) Person Window, Print, Person Report, Education

Here is the SAFE vision of the work flow for obtaining, recording, and using health, psychosocial, and educational information about children who have been removed from their own homes:

1. Workers who make removals should carry blank copies of the CPS23 with them for use in making notes about the health, psychosocial, and educational background of a child. Blank copies of the CPS23 can be printed from the CPS forms area of SAFE Document Index.
2. Removal workers are expected to collect as much health, psychosocial, and educational information as possible when they remove a child, using the CPS23 to record their notes. Create one CPS23 for each child removed.
3. Entry of CPS23 information about a child should be done at the same time that information about the removal and initial placement is recorded in SAFE in the CPS case window. Each office should have procedures in place and staff assigned in order to make these SAFE updates within 24 hours of the actual time of removal. (This will take some planning in each office. Who should make the removal and placement entries, the removal worker or some other person? Should health information from the CPS23 be entered by this same person, or by a health care worker? If the latter, how can you make sure they always get a copy of the

CPS23 to do the entries in a timely fashion? Also, if a health entry person is to be involved, could they also record the information from the psychosocial and education sections?)

4. Once health, psychosocial, and educational information has been recorded in SAFE, printouts can be used to satisfy requirements to share such information with foster parents and caretakers. This should be the standard way of generating current health, psychosocial, and educational information reports for the Home-to-Home Information Packet (the Out-of-Home Placement Record or Traveling Packet). The Print Travel Packet process is very easy to do and data should be more complete when the SAFE computer process is used to prepare these printouts.

For general comments, suggestions, or questions about the weekly updates, e-mail Carol Miller or call 801-538-4451.

**For questions about policy or rules,
e-mail Steve Bradford or call 801-538-8210.**

**For questions about SAFE,
call the SAFE Help Desk at 801-538-4141.**